

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

ISSRIAL NO.
09/856717

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	2					
3	1					
4	2					
5	1					
6	1					
7	2					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	12	↓	↓	↓	↓	↓
TOTAL CLAIMS	15					

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TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS						